

Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/527,188
Applicant : David M. Greschler, Owen Mysliwy, and Stuart Schaefer
Filed : March 17, 2000
TC/Art Unit : 2157
Examiner : L.T. Jacobs

Confirmation No. 3633

Docket No. : 111283.131 US1

Title : METHOD AND SYSTEM FOR SERVING SOFTWARE APPLICATIONS...

Customer No. : 23483

RECEIVED

MAR 04 2004

Commissioner for Patents
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Alexandria, VA 22313-1450

Technology Center 2100

CERTIFICATION UNDER 37 CFR § 1.8(a)

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1/27/2004
Date of Signature & Mailing

J. Ann Bergantino
J. Ann Bergantino

REQUEST FOR CORRECTION OF OFFICIAL FILING RECEIPT

It is respectfully requested that a Corrected Filing Receipt (Form PTO-103X) for the above-referenced patent application be issued to reflect the new Atty. Docket No. for this application. Please correct the Atty. Docket No. to read **111283.131 US1** as shown in red on the attached copy of the Filing Receipt. Please reference the new Atty. Docket No. on all future correspondence.

No fees are believed to be due. However, please charge any fees which may be due or credit any overpayment associated with this correspondence to our Deposit Account No. 08-0219.

Respectfully submitted,

Date:

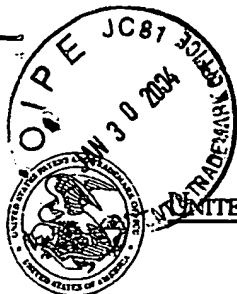
Jan. 27, 2004

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UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/527,188	03/17/2000	2787	1144	2704.1001- -004	12	38	2

111283.131 US1

FILING RECEIPT



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Lexington, MA 02421-4799

Date Mailed: 09/14/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Owen Mysliwy, Beverly, MA ;
Stuart Schaefer, Somerville, MA ;

Continuing Data as Claimed by Applicant

THIS APPLICATION IS A CIP OF 09/456,181 12/07/1999
WHICH CLAIMS BENEFIT OF 60/128,828 04/12/1999

Foreign Applications

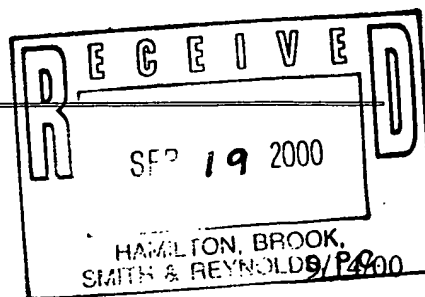
If Required, Foreign Filing License Granted 05/25/2000

Title

Method and system for serving software applications to client computers

Preliminary Class

709





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Bib Data Sheet

CONFIRMATION NO. 3633

SERIAL NUMBER 09/527,188	FILING OR 371(c) DATE 03/17/2000 RULE	CLASS 709	GROUP ART UNIT 2157	ATTORNEY DOCKET NO. 111283.131 US1	
APPLICANTS David M. Greschler, Sharon, MA; Owen Mysliwy, Beverly, MA; Stuart Schaefer, Somerville, MA;					
** CONTINUING DATA ***** This application is a CIP of 09/456,181 12/07/1999 ABN which claims benefit of 60/128,828 04/12/1999					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/25/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY MA	SHEETS DRAWING 12	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 2
ADDRESS 23483					
TITLE Method and system for serving software applications to client computers					
FILING FEE RECEIVED 1144	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

